

BENTON-FRANKLIN DISTRICT HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH 800 W CANAL DRIVE KENNEWICK, WA 99336 (509) 582-7761 Ext. 246 (800) 814-4323

FOR OFFICE	USE ONLY

FOOD SERVICE ESTABLISHMENT WITH A COMMISSARY APPLICATION (MOBILE FOOD UNITS, CARTS, CONCESSION, AND SEASONAL CONCESSION)

[]	NEW CONSTRUCTION [] REMODELI	NG [] M	IENU CHANGE	[] CHANGE	OF OWNERSHIP			
	information requested in the proved by this department prior								
DA	TE OF APPLICATION			PROPOSED OF	PENING DATE				
1.	PROPOSED ESTABLISHM	PROPOSED ESTABLISHMENT NAME							
	Physical Address								
	Telephone Number								
	MAILING ADDRESS (For 1	AILING ADDRESS (For newsletters & local updates. This should be a local address).							
	Address of Operation Location								
2.	. ESTABLISHMENT OWNER'S NAME								
3.	DAYTIME PHONE EVENING PHONE								
4.	TYPE OF ESTABLISHMEN	NT: (CHECK A	LL APPLIC	ABLE CATEGO	ORIES.)				
	[] Concession (Not all per								
	[] Seasonal Concession	•							
	[] Espresso Cart	[]	Hot Dog C	art	[] Other				
5.	DAYS AND HOURS OF OR	PERATION							
	DATES OF OPERATION (I	F SEASONAL)							
	EASE COMPLETE THE FO								
	a. Number of Food Preparat	tion Sinks							
	b. Number of Handwashing Sinks								
	c. Method of Dishwashing			3-compartment sin At commissary] Dishwasher] N/A			
d. Ability to Cold Hold on a Continuous Basis [] Yes					[] No			
e. Number and Type of Refrigerators f. Number and Type of Freezers									
	g. Other Cold Holding Method								
	h. Sewage Disposal :	[] Holding [] Municip [] On-site S	al	city in gallons) m		-			
	i. Water Supply:	[] Holding [] Municip [] On-site S	al	city in gallons) m		-			
	j. Power Source:k. Square Footage:	[] Electrici	ty	[] Pı	ropane	[] N/A			

	1. Num	ber of Employees Per Shift_									
	m. Loca	tion of Public/Employee Res	rooms								
def	ined as ar	OMPLETE THE FOLLOW a approved food service estab t is also used for servicing, cl	lishmer	nt where food is store	d, prepared,	por	tioned	, or pack			rvice
1.	WILL Y	OUR ESTABLISHMENT H	AVE A	A COMMISSARY ?	[] YES		[] NO			
2.	COMM	ISSARY NAME									
	Owner's	s Name					Pl	none			
	Commis	ssary Address									
3.	PROVII	DE THE FOLLOWING INFO)RMA	TION ABOUT THE	COMMISSA	RΥ	<i>ไ</i> :				
	a.	Number of Food Preparation	n Sink	S							
	b.	Number of Handwashing S	inks								
	c.	Number of Refrigerators			Freezers_						
	d.	Method of Dishwashing:	[]	3-compartment sink Dishwasher and 2-co	ompartment s		N/A				
	e.	Number of Restrooms									
	f.	Sewage Disposal:	[]	Municipal	[]	On-site	e Septic	Syste	m	
	g.	Water Supply:	[]	Municipal	[]	On-site	e Well			
	h.	Garbage Disposal Company	y								
	i.	Square Footage									
4.	a. b. c. d. e. f.	Will You Store Your Unit A Will You Store Food At Th Will The Commissary Prov Will Wastewater Disposal O Will Dishwashing Occur A Will Garbage Be Disposed	ie Comi ride Wa Occur A t The C	missary? ater To Your Unit? At The Commissary? Commissary?			[[[] Yes] Yes] Yes] Yes] Yes] Yes		[] [] []	No
	IF Y	YOU ANSWERED "NO" TO	QUES	STIONS 4a-4f, PLEA	SE EXPLAI	N_					
5.		OOD PREPARATION OCC, how will food be transporte]	YES]] N	O	
6.		COOLING OF FOODS OCCU ", Explain]	YES	[] N	O	
7.	WHERE	E WILL CLEAN -UP OF MC	BILE I	UNIT, CARTS, ETC	. OCCUR?_						
allo pre- con by r susp susp	w the Health operational taminated an myself and/opended or re- pension or re-	ature, that I am the owner of the mole officer and/or his/her representative inspection, routine inspection or any and a threat to public health and/or in our my designee in the presence of the voked for failure to comply with Berevocation of my food service permit, or continued operation is authorized.	e(s) to en subseque violation Health C nton-Fran I will be	nter said establishment at the tinspections or investigated WAC 246-215, said for Difficer. I understand that anklin District Board of Heater required to immediately c	heir discretion for ations. I understood will be volun- any food service alth Regulations	or the tand taril ope or the	ne purpool if food by removerating performance the WAC	ses of appliss suspected from hermit may 246-215.	icationed of buman for the contraction of the contr	n, evalua eing food cha nediatel e event c	ation, annels ly of
					APPLICAN'	T'S	SIGN	ATURE	,		
ΑP	PLICAN	Γ'S NAME									
ΔP	PI ICAN'	Γ'S ADDRESS									

NOTE: This application makes no claim as to compliance with requirements of other state, county, or city agencies. It is the applicant's responsibility to contact these departments.